IHP news 429 : Cholera crisis in Yemen, IAS in Paris & more

(28 July 2017)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

We’re in the midst of summer, but the nagging feeling that mankind is heading for a ‘perfect storm’ in the coming years and decades just won’t go away. Back in the old days, the times of the Old Testament for example, whenever people were going through a time of deep turmoil, prophets would come to the rescue. That is no different now: you have prophets with a rather profound insight into truth (Philipp Blom, Wolfgang Streeck, Harald Welzer,… - mostly gloomy social scientists, I have to say 😊). I also quite like Laurie “the future is grim” Garrett’s prophecies, but then there’s also far too many false prophets or rather prophets I just don’t like too much, biased as I am (Larry Summers (even the recent “upgrade”), Michael Bloomberg, … many of them with a more economic, management or business background 😊). Finally, there’s of course the downright confused prophet. The latter doesn’t speak anymore “in multiple tongues” these days - true, more a New Testamentish thing -, but via a series of tweets, one even more #SAD! than the other.

Prophets can be a bit disparaging about one another. By way of example, I thoroughly enjoyed a quote this week in a piece on humanitarian economics, by Jack Hirshleifer, who predicted a bright future for economists entering this field a while ago: "...As we come to explore this continent [of conflict], economists will encounter a number of native tribes – historians, sociologists, philosophers, etc. – who, in their various intellectually primitive ways, have preceded us in reconnoitring the dark side of human activity. Once we economists get involved, quite properly we’ll of course be brushing aside these a-theoretical aborigines...."

Being (some sort of) a social scientist myself, I find this very funny. However, perhaps a more accurate description of the prophets of our times is that they all seem to possess (only) part of the truth. Lacking access to divine wisdom and Truth, nobody seems to have the full picture in the 21st century, even if contemporary prophets can’t stop talking about Theories of Change (preferably Transformative or, for the maverick prophets, Disruptive Change). What’s worse, the prophets’ recommendations often conflict with each other – they are only to some extent complementary.

So what to do? We only have part of the picture. It’s for a reason that HPSR prophets – a particularly smart tribe of prophets – just love complexity and uncertainty. The dumber the politicians that get elected, the more we immerse ourselves in narratives, discourses & frameworks of complexity. Well, not everybody understood the Old Testament’s prophets, too, at the time. Sometimes they were way ahead of their times!
Not a prophet, perhaps, but well cast in the role of Job is Richard Horton, certainly when he’s lamenting on the sorry state of the world in his weekly Offline contributions. Occasionally, his week gets even worse when Ilona Kickbusch – a prophet that finds herself sometimes a bit (too) close to power – urges Horton to get a grip. As for David & Bathsheba, Jim Kim & Ivanka Trump come to mind. Don’t remember well how the story ended for King David and his kingdom. There’s also something in the bible about chopped off heads on a silver plate, I recall.

Anyhow, to make a long story short, we (urgently) need prophets who can combine the current UHC mantra with the (non-negotiable) planetary health paradigm of the 21st century (and all centuries ahead). UHC is still too much based on a vision of inclusive capitalism & growth, whereas it’s more and more clear that we’ll need an entirely new sort of economics and organization of societies & markets if we want to preserve this planet as a hospitable one for mankind. Soon.

Yes, I know, after the Old Testament Jesus came himself to the rescue of mankind, but I’m not much into this “Second Coming” stuff. Still, I’m hoping for ‘the Mother of All Prophets” to come one day 😊!

On that note, enjoy your reading!

The editorial team

**Featured Article**

**Empowering journalists as HPSR knowledge brokers**

*Adie Vanessa Offiong*

_Besides journalists being participants of the Global Symposium on Health Systems Research (HSR) can they also be empowered to report Health Policy and Systems Research (HPSR)?_

They usually begin with “Dear Colleagues,” “Dear Worthy Friends,” “Top of the day to you, I trust you are doing well,” and other such catch phrases. These are followed by several lines of flattery about how the journalist has been so good and diligent with reporting their events and promoting their course. Then comes the real reason for the (rather unappealing) introductory lines – “please kindly find space in your highly esteemed platform to use our press release... possibly in your next edition. Always grateful for your enduring help...” (grin grin)

In the first place when projects/events are being planned, if journalists were part of the whole process, there would be no need for the press release or the boring attempt at appealing to their soft side; especially knowing that there would be a need for the general public to be informed about the event before or after it takes place. It would help if journalists were not seen as “mere reporters” of activities, generating publicity but rather as potential “knowledge translators,” even if in their own ‘journalistic’ way.
Sometimes I read through the press release and see how much of the meat has been lost and how embarrassed I would be to put my byline to a story emanating from such a release.

A couple of weeks ago, I wrote about making journalists an integral part of the HSR symposium and why it is important for them to attend the event as active participants, not just merely covering it for news sake.

I did a search on Google for ‘media promoting hpsr’ and everything media that came up was social media. That terrified me a bit as I wondered for an instance whether social media had become an apt replacement for mainstream media. They are complementary but can’t replace them (even if Donald Trump thinks otherwise).

Rather than send a press release for an event, is it possible, and of course where permissible, that journalists are embedded from the onset in the program and have a chance to experience for themselves first-hand what the program is about?

In a way, like young researchers, many of us journalists could also use some coaching and training before a ‘state of the art’ HPSR symposium kicks off. Health Policy and Systems Research is not a generic health genre and requires some level of informed perspectives, knowledge and expertise to do justice to reporting anything in the field. These are attributes that take quite some time before one gets a knack for them. If I do it correctly now, at least sometimes, then I’d say the forces are with me but I would not turn down the chance to be better equipped (even if I have been fortunate to attend the Vancouver symposium and can now immerse myself a bit further in HPSR during my IHP internship in Antwerp).

Academic sounding as HPSR may be, journalists can bring it down to the basics using a bottom up approach with human angled narratives that still do justice to the whole essence of advocating resilient health systems. And trust me, you would get more than the four paragraphs a run-off-the-mill press release would deserve. Such collaborations could even churn out a series of connected reports on a particular HPSR topic.

Working with journalists to produce HSPR-focused newspapers, books and related media could be way more impactful than solely relying on official blogs, websites or social media.

There could be online courses, there could be courses organized before (or even during) conferences – why not skills building workshops/days for journalists as well, before the symposium starts? Communities of practice could also organize training programs for journalists in their locations and/or regional and national hubs.

The impact of such goes beyond the newsroom and news publications. If done well, communities which are the targets of HPSR in the first place, will also end up healthier and safer. Certainly if you believe in the vital role of the media (to boost accountability, raising awareness of rights, ...) to help egg on UHC in countries around the globe, as the UHC 2030 movement is gaining momentum under the leadership of Dr. Tedros and many other UHC proponents, it’d be wise to also think a bit through the role media can play in the movement, and how to properly equip journalists. Such collaborations would be a beneficial way to address the gaps in journalists’ literacy and understanding of health policy and systems research and the need to intensify the advocacy for strengthened health systems. Trained journalists can also play a role in bridging the gap between HPSR researchers and policymakers, thus playing a vital role in knowledge brokering towards more effective use of
evidence in policy and practice. Granted, journalists never want to be fully embedded, but you get the idea at least.

So what about a couple of workshops in Liverpool on ‘how to explain intersectionality, complexity, realist evaluation, strategic purchasing, … and other fancy HPSR jargon in a no-nonsense way to audiences across the world?’ Or perhaps some brainstorming on how to empower journalists on HPSR at the upcoming WHO symposium on health financing in Montreux, and ‘Public Financing for UHC: Towards Implementation,’ in early November?

We’re not all Joe Kutzins or Agnès Soucats… and chances are, our readers even less so. But understanding the UHC whizzkids’ logic a little better will certainly not hurt the global and national UHC case.

**Highlights of the week**

**Cholera crisis in Yemen**

As Katri Bertram said in a tweet: “If we at the end of last year felt that #Aleppo was a test to the world’s humanity and conscience, #Yemen is that next test.” True, but not the only one, I’m afraid…

(Joint) Statement by UNICEF Executive Director, Anthony Lake, WFP Executive Director, David Beasley and WHO Director-General, Dr Tedros Adhanom Ghebreyesus, following their joint visit to Yemen


After a joint visit to Yemen, to see firsthand the situation on the ground, Tedros & fellow UN organization leaders from UNICEF & WFP **called on the international community to redouble its support for the people of Yemen**, as the situation of famine, malnutrition, cholera, health facilities (including lack of payment for health workers) … remains extremely worrying.

**Children** are bearing the brunt of the conflict in Yemen, with 80% in desperate need of aid and 2 million suffering from acute malnutrition. And this is now compounded by cholera. See the [Guardian](https://www.theguardian.com/world/2017/jul/27/30000-health-workers-in-yemen-not-been-paid-for-a-year-need-our-support-to-save-lives) or BMJ News - **Humanitarian leaders call for “redoubling” of aid for crisis engulfing Yemen** or UN News - **Malnutrition and cholera ’a vicious combination’ in war-torn Yemen – UN agency chiefs**

A few tweets:

“30,000 health workers in #Yemen not been paid for a year, need our support to save lives”

Devi Sridhar - “Biggest scandal in #globalhealth: health workers going unpaid for months & years, esp in crisis situations”

Some other links related to the cholera crisis in Yemen:

Devex - Why was the cholera vaccine shipment to Yemen cancelled?

“A decision to postpone what would have been the largest ever global delivery of the cholera vaccine to Yemen reveals the extent to which the crisis has already outpaced efforts to contain it, experts say....”

Reuters – Yemen cholera epidemic slowing after infecting 400,000

“Yemen’s cholera outbreak is set to hit 400,000 cases on Tuesday but there are signs the three-month-old epidemic is slowing, according to World Health Organization data analyzed by Reuters. A dramatic fall over the past month in the number of people dying from the disease each day -- from about 30 to single figures -- suggests the WHO’s strategy of setting up a network of rehydration points to catch patients early is working....”

9th IAS (International Aids Society) conference on HIV science (23-26 July, Paris)

https://www.ias2017.org/

This week, the 9th IAS conference on HIV science took place in Paris, against a rather worrying international & funding backdrop.

Some reads:

RFI - Paris AIDS conference opens amid concerns over funding problems

http://en.rfi.fr/france/20170721-paris-gather-6000-aids-experts-assess-epidemic

(recommended) Published as the conference started – setting the scene. “Some 6,000 HIV experts gather in Paris from Sunday to report advances in AIDS science as fading hopes of finding a cure push research into new fields.” “...The July 23-26 conference happens amid concerns that funding for HIV research and treatment programmes may be under threat.”

As for the worrying funding environment for HIV:

KFF - Kaiser/UNAIDS Study Finds Donor Government Funding for HIV Declined by 7% in 2016, Falling to Lowest Level Since 2010

KFF/UNAIDS report:
Worrying report published late last week. “**Donor government funding to support HIV efforts in low- and middle-income countries decreased by US$511 million from US$7.5 billion in 2015 to US$7 billion in 2016**, finds a new report from the Kaiser Family Foundation and the Joint United Nations Programme on HIV/AIDS (UNAIDS). This marks the **second successive year of declines, and is the lowest level since 2010**. The decrease stems from actual cuts in funding (accounting for an approximate net 50% of the decline), exchange rate fluctuations (20%), and the timing of U.S. contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria (30%), due to U.S. law that limits its funding to one-third of total contributions to the Global Fund...”

See also Science Speaks (on a session at IAS) - IAS 2017: With resources already stretched, cuts will hurt, global health advocates say.

FT Health (newsletter last week) - FT Health: Mixed progress on HIV

https://www.ft.com/content/739f2fec-6e38-11e7-b9c7-15af748b60d0

From the intro from last week’s FT health newsletter: “**The good news at the latest International Aids Society (IAS) HIV Science conference, which starts this weekend in Paris, is the excitement over new research.** Long-acting, slow-release antiretroviral medicines offer the prospect of improved patient compliance, and progress with immunotherapy for cancer has provided new lines of inquiry. The use of drugs for prevention in high-risk groups and microbicides will boost prevention efforts. In the longer term, work continues on a potential cure as well as on possible vaccines.”

Before we provide some links to some of the HIV science reported in Paris, a few pieces providing a general assessment of the HIV/AIDS situation & prospects:

Thomson Reuters – Tide turns in AIDS fight yet 'unacceptable' death toll across sub-Saharan Africa

http://www.reuters.com/article/us-health-aidssidUSKBN1AA1JG

“The tide may have turned in the global fight against AIDS, but too many people in sub-Saharan Africa are developing and dying of AIDS-related diseases due to limited testing and problems with treatment, Medecins Sans Frontieres (MSF) said on Tuesday.”

For the MSF statement, see MSF concerned by high numbers of AIDS deaths in sub-Saharan Africa

“Global attention is needed to prevent and treat AIDS in antiretroviral era, with 50 per cent of hospital admissions in MSF hospitals already on treatment and showing signs of clinical failure.”

Foreign Policy – The Next AIDS Pandemic


Garrett is, as usual, even more pessimistic: “**Funding cuts to key U.S. programs that support medicine and treatment are coming. And with a booming African population and drug-resistant strains on the rise, the future is grim.**” Not everybody thinks the future is that bleak, though.
Science Speaks – IAS 2017: UNAIDS numbers show returns, need for greater investment, international leaders say

**Science Speaks:**

With the views of Sidibé (UNAIDS), Marijke Wijnroks (GF), Birx (Pepfar) and others.

Excerpts:

“No level of funding can compensate for lack of political commitment,” remarked Marijke Wijnroks, the Interim Executive Director of the Global Fund to Fight AIDS, Tuberculosis & Malaria. In the “countries that made the least progress,” she added, “conflict and lack of political commitment were more important than lack of funding.”

“... Amb. Birx later acknowledged, a new administration would like the U.S. global AIDS response “to do more with less.” ... ... But “No,” she added, “we are not going to just work in 12 to 13 countries but they will be the model while still continuing our work in 50 plus countries.”

UNAIDS welcomes the launch of the End AIDS Coalition at the 9th International AIDS Conference on HIV Science in Paris


“UNAIDS has welcomed the *launch of the End AIDS Coalition (EAC)* during the 9th International AIDS Conference on HIV Science taking place in Paris, France. The EAC brings together a strong collaboration of leading AIDS experts, scientists, clinicians, policy-makers, faith leaders, business leaders and activists *determined to end the AIDS epidemic as a public health threat by 2030.* The EAC aims to amplify efforts to end the AIDS epidemic by strengthening linkages across research, resources and implementation, by encouraging the aggregation and analysis of data from the global AIDS response to identify barriers and encourage efficiencies and by inspiring a movement to mobilize and engage the next generation of young leaders in the response to HIV. The *founder of the End AIDS Coalition is the American fashion designer and amfAR chair, Kenneth Cole, who is also a UNAIDS International Goodwill Ambassador.*”

They’ll have their work cut out.

IP-Watch – WHO Prequalifies First Generic Hepatitis C Drug And First HIV Self-Test


Announcement from late last week. “In the days before this month’s AIDS conference being held in Paris, the *World Health Organization has announced the prequalification of the first generic version of sofosbuvir*, a “critical” medicine for treating hepatitis C. Treatment for hepatitis C under patent has been notoriously priced at extreme high levels, putting it out of reach of patients in economies of all sizes. The WHO said the prequalification could open the way to expand treatment access by increasing the number of generic medicines on the market that have met quality
assurances. At the same time, the UN health agency announced a new oral self-test for HIV that gives results in as little as 20 minutes, which it hopes will increase diagnosis and treatment.”

See also WHO.

The Paris Statement – HIV Science matters


Ending the epidemic requires the continued contribution of and investment in science. With five key messages.

Some links to (some of the) HIV science reported at IAS

Of course, this is not an extensive overview ...

Science - What can science learn from a child who has controlled HIV without drugs for more than 8 years? “An HIV-infected child in South Africa who is controlling the virus without antiretroviral (ARV) drugs has reinvigorated the push to find ways to allow people to control the virus for prolonged periods without treatment...” See also the Guardian - Child treated for HIV at birth is healthy nine years on without further treatment.

Reuters – HIV fight advances with new drug cocktails, fresh vaccine hopes

Recommended.

Lancet Comment - Long-acting injectable ART: next revolution in HIV?

Comment related to new Lancet research. “A trial assesses the safety and efficacy of two-long acting drugs, given via intramuscular injection every 4 or 8 weeks, and shows comparable maintenance compared with the daily oral drug therapy.

Guardian - Cocktail of drugs could prevent 10,000 HIV deaths a year, claim scientists.

“A package of low-cost drugs designed to prevent deadly infections among people who are starting HIV treatment late could save 10,000 lives a year across sub-Saharan Africa, scientists believe. About one in five people who start HIV treatment in poorer countries are doing so later than advisable, which means they have a low number of CD4 cells, a key component of the immune system. This leaves them more vulnerable to developing serious illnesses. Roughly one in 10 such people die within the first few weeks of treatment because their immune systems cannot recover fast enough. HIV prevalence is particularly high in sub-Saharan Africa, with women and children especially vulnerable, but a study led by academics at University College London found that a preventative package of anti-infection drugs significantly reduces the number of deaths from HIV-related illnesses. The researchers estimate that if the drugs were given to every patient in sub-Saharan Africa starting
anti-HIV treatment and suffering from a low CD4 count, the drugs could prevent roughly 10,000 deaths each year....”

There was also encouraging news on the HIV situation in Swaziland (based on data from Swazi health officials and the CDC), the nation with the highest HIV rate which has apparently managed to cut new infections drastically.

**FT - New vaccine enters the battle against Aids**

“A new Aids vaccine will begin large-scale trials in southern Africa at the end of this year, in what is hoped will be a breakthrough in the 30-year scientific battle against the disease. Promising early clinical data on the vaccine, developed by Johnson & Johnson with the US National Institutes of Health (NIH), were released at the International Aids Society conference in Paris on Monday. The experimental “Ad26 mosaic” will be the second vaccine to undergo tests by thousands of African volunteers of its effectiveness at preventing infection with HIV, the virus that causes Aids....”

**Stat - Could cows be the vaccine factories of the future?** (news from the HIV lab) Part of the larger effort to make the first HIV vaccine. Antibodies of cows could come in handy.

**DeveX - HIV treatment: Strategies to reach the next 10 million patients**

(recommended) “...campaigners know that reaching the next 10 million people with treatment will be harder in some ways. These patients are among the most difficult to reach: People living in conflict areas, stigmatized and criminalized populations — like men who have sex with men and sex workers — and young people, leery at the thought of taking HIV medication every day for the rest of their lives.

“... helped center discussions at this week’s IAS meeting around how to make it easier for patients to access and stay on treatment — key improvements that could help in reaching the most vulnerable. HIV advocates hope that a combination of scientific breakthroughs and experience-informed social outreach can bridge the final gaps in treatment. Researchers and programmers are specifically thinking about strategies to make it easier for patients in some of the most difficult settings to start and maintain ARTs, as well as to reduce the number of times patients must travel to health clinics to pick up antiretroviral, ARV, drugs. Potential scientific breakthroughs in long-lasting, injectable ARVs may also mean HIV patients would no longer be looking at a lifetime of daily pills, often a deterrent or obstacle for care.”

**International Business Times – Truvada, Vaginal Rings Can Prevent HIV In Adolescents, Study Says**

**Lancet – IAS (free content made available)**

http://www.thelancet.com/events/ias2017?dgcid=TheLancetTwitter_social_lancet&sf99187813=1

“To mark the 9th IAS Conference on HIV Science, the Lancet journals have made a selection of content free that reflects some of the breadth and diversity of clinical, epidemiological, and operational HIV research produced by the tireless global HIV community. The content includes
research published across the Lancet titles—taken from six of our journals, well established and recently launched. ... ."

Dr Tedros

Stat (op-ed) - To achieve universal health care, we need country leadership and globalism


This piece went viral last week. Not quite sure why. Probably the timing (together with the HLPF) had to do something with it.

African Business Magazine – Africa’s healthcare challenge will not be met by public finances alone

African Business;

Interesting piece, with the view of WHO’s regional director, Dr Matshidiso Moeti, on the fact that WHO now has an African DG, and also how she sees the UHC momentum in Africa. She sounds quite optimistic.

Excerpts:

“... While some countries have maintained their public spending on healthcare, with commodity exporters hardest hit, Moeti says more needs to be done to drive efficiency gains in the sector. “Countries need to put much more effort into coordinating the funding they need to reduce duplication, waste, and simply get more mileage out of what is being spent. I do think that countries could achieve a lot of efficiency from their investments in health, so that they get more return for the money they are currently putting in.” The context is conducive to such policy making, she argues, pointing to a shift in how funding for healthcare is perceived by governments. Rather than being looked at as a drain on public coffers, while sectors like mining and infrastructure are seen as economically productive, Moeti says the value of investing in health is being better understood....”

“...Moeti is enthusiastic about the role business can play in driving better healthcare, saying that stronger partnership with business is a key priority for the WHO in Africa. ...”

Reproductive Health (Editorial) – Three recommendations to the new Director-General of the WHO on how to deliver for girls and women

Katja Iversen; Reproductive Health;

More advice for Tedros, this time from Katja Iversen (Women Deliver).
More High-Level Political Forum (HLPF) analysis & news

See also last week’s IHP news.

Civil society reaction on ministerial declaration

http://us6.campaign-archive2.com/?e=&u=9283ff78aa53cccd2800739dc&id=3a1c1b8487

Must-read. Hard-hitting, but fair.

IISD – Summary of the 2017 Meeting of the High-Level Political Forum on Sustainable Development

http://enb.iisd.org/vol33/enb3336e.html

Great summary. Make sure you check out the ‘Brief analysis’, towards the end.

“…Since the adoption of the 2030 Agenda and its 17 Sustainable Development Goals in September 2015, the High-Level Political Forum on Sustainable Development has become the central intergovernmental platform for follow-up and review of the world’s ambitious and universal new roadmap to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity. The HLPF was established in 2012 to replace the UN Commission on Sustainable Development (CSD), whose systemic shortfalls on the fronts of monitoring sustainable development implementation, integrating the three dimensions of sustainable development, and responding to emerging issues rendered it incapable of effectively addressing the sustainable development challenges of the 21st century. Against the backdrop of high poverty and “astounding inequality,” growing instability, and a dangerously warming world, at HLPF 2017 many wondered if the Forum is up to the task of confronting today’s considerable sustainable development challenges head-on? In the words of the French electronic music duo Daft Punk, is the “HLPF at five” “harder, better, faster, stronger” than its predecessor? This brief analysis contemplates this question across three dimensions, considering the extent to which HLPF 2017 succeeded in: offering robust follow-up and review of the SDGs; catalyzing national implementation; and providing the necessary political leadership and guidance to spur momentum for sustainable development. It concludes by considering whether the Forum is moving in the right direction, or is repeating the mistakes of its predecessor....”

A few more nice analytical blogs:

**Paul Ladd** - Building Momentum: Reflections on the 2017 High Level Political Forum

After listing some of the positive aspects of this year’s HLPF, he notes: “...At the same time, Agenda 2030 has been able to emphasize some critical shifts in how we think about development. One of the most important for me has been the much-needed understanding that development is a universal endeavour, and that all countries are still developing—albeit in different ways and with different priorities. While it is true that richer countries can play an important role in supporting others to develop, this doesn’t mean that it’s only about aid and development cooperation for them. It is also about adapting their own domestic policies, for their own citizens. We heard less about this at the
HLPF, although it is encouraging to see movement in some European countries such as Switzerland, Sweden and Germany. Agenda 2030 is also about the myriad policies in richer countries that enhance or reduce the space for poorer countries to develop, such as pollution, over-consumption, trade, migration, and international tax policy. The bundle of issues that we label as relating to ‘policy coherence’. There was still too much silence on this latter set of commitments by richer countries. It is still easier for them to talk about their investments and influence in other places....”

Andrew Griffiths: Four lessons from the Forum: what we learned at this week’s HLPF

Among others: All government ministries (beyond the SDG focal ministry) have to be involved in the VNR process; Where civil society is organised at a national level it can make a big difference; The role of parliaments is being seen as more and more important; ...

Family planning & women’s (health) rights

Devex – She Decides fund for family planning takes shape

The latest state of affairs on She Decides. Must-read. “Six months after U.S. President Donald Trump’s reinstatement of an extended “global gag rule,” the She Decides family planning movement launched in its wake is beginning to take shape. A spokesperson told Devex that donations “have risen substantially” since the She Decides conference in March, when approximately $190 million were raised to support organizations affected by U.S. funding cuts and restrictions. And that money is “still coming in.” Details are also emerging of how the funds will be used and about a new U.K.-based management team.” The aim is certainly to be more than just an anti-Trump, pro-choice movement.

Devex – How significant were the pledges at the London Family Planning Summit?
https://www.devex.com/news/how-significant-were-the-pledges-at-the-london-family-planning-summit-90688

Analysis. “... Advocates have welcomed the news that an estimated $5 billion was pledged to improve and expand reproductive health services in developing countries at the London Family Planning Summit earlier this month — double the figure cited in initial reports — but say it still falls far short of the sums needed, and that better monitoring systems are required to ensure the commitments materialize.... experts pointed out that the $5 billion pledged is nowhere near the $8 billion that the London-based think tank the Overseas Development Institute estimates will be needed annually to meet the challenge. ... Some have also questioned whether all of the commitments will materialize, and say it is difficult to tell if it all represents new and additional funding. ... The bulk of southern commitments came from just three countries (India, Indonesia, Bangladesh) ... However, the fact that the commitments of these three countries represent the lion’s share of the $4 billion pledged by developing countries at the London summit tempers the narrative about developing countries starting to champion family planning, she (i.e. R Silverman) said.”
Do check out also – in the Guardian - *Families, fertility and feminism: landmarks in women's rights*

“Women have fought long and hard to secure access to family planning and abortion, and reduce maternal mortality. A **modern timeline of that struggle** tells a story full of highs and lows.”

**Guardian - How Trump signed a global death warrant for women**

Sarah Boseley; Guardian

(recommended) “With one devastating flourish of the presidential pen, worldwide progress on family planning, population growth and reproductive rights was swept away. Now some of the world’s poorest women must count the cost.” An in-depth overview of the many dire (global & national) implications so far.

**Global humanitarian crisis (& lack of/or downright criminal policy response)**

This is one of the most dire sections in the newsletter every week, unfortunately. Just a couple of headlines & reports (although there are many more):

**Guardian - European and African ministers discuss plan to tackle flow of refugees**


“European and African ministers met in Tunis on Monday to discuss a plan to try to regularise the flow of refugees from Africa to Europe to about 20,000, coupled with a much tougher strategy to deport illegal migrants from Italy and break up smuggling rings. The plan to regularise the migrant flow is being pushed by the UNHCR, the UN refugee agency...”

**Washington Post – How McKinsey quietly shaped Europe’s response to the refugee crisis**

[Washington Post](https://www.washingtonpost.com/)

Among others, in Germany. Interesting piece. To quote a notorious leader, #SAD !

**UNICEF - Majority of children fleeing to Europe just want to get away, UNICEF reports**


“Facing violence and trauma in Libya and other countries, thousands of children decided to flee by themselves, seeking to get away but not necessarily aiming for Europe, UNICEF [today] reported. A new study of push-pull factors on child marriage showed that 75 per cent of children on the move decided to leave unaccompanied and that initially, they had no intention to come to Europe, UNICEF spokesperson Sarah Crowe told journalists in Geneva....”
Guardian – Foreign governments must ‘pressure South Sudan to end epidemic of rape'
https://www.theguardian.com/global-development/2017/jul/25/foreign-governments-must-pressure-south-sudan-to-end-epidemic-of

“Donor countries should be pressuring the government of South Sudan to end the sexual violence being carried out on a mass scale and with impunity in the country, say campaigners. Karen Naimer, a director at advocacy group Physicians for Human Rights, said countries that give aid must hold the recipient government’s “feet to the fire”by speaking publicly about atrocities and insisting they do the same. A report published on Monday by Amnesty International found sexual violence in the world’s newest country was rampant, and catalogued a litany of rape, sexual slavery, torture and castration perpetrated by South Sudan’s government and the opposition.”

STAT - Human trafficking must be officially recognized as a medical diagnosis

“...The International Classification of Disease (ICD) codes aim to describe diseases and causes of death and disease. These codes, which are used for everything from hospital billing to research, establish legitimacy for the conditions that harm and kill people every day. As the World Health Organization works toward the 11th iteration of these codes, we urge that “victim of human trafficking” be recognized as an official diagnosis.” The authors have a strong case.

And “... The importance of including human trafficking as a billable medical condition by including it in the ICD code system is part of a larger movement to frame trafficking as a significant public health issue that affects millions of vulnerable people around the world. The harms of trafficking to human health are multifold, spanning multiple disciplines of medicine, including emergency medicine, internal medicine, obstetrics/gynecology, infectious disease, pediatrics, and psychiatry....”

1st newsletter HS Governance collaborative

http://mailchi.mp/aa92c4b9c5d5/welcomecollaborative

Read about this Collaborative (formally launched on 12 December 2016), what its aims are as well as the double focus this year. The newsletter will be sent out every three months.

Make sure you also check out the short Youtube video featuring Maryam Bigdeli, Kabir Sheikh et al. https://www.youtube.com/watch?v=p5BEJ7qMeMs&feature=youtu.be

Stay tuned for more in next week’s IHP newsletter!
World Hepatitis Day (28 July) - Fight is gaining momentum

WHO – Eliminate hepatitis

“New WHO data from 28 countries - representing approximately 70% of the global hepatitis burden - indicate that efforts to eliminate hepatitis are gaining momentum. Published to coincide with World Hepatitis Day, the data reveal that nearly all 28 countries have established high-level national hepatitis elimination committees (with plans and targets in place) and more than half have allocated dedicated funding for hepatitis responses. On World Hepatitis Day, WHO is calling on countries to continue to translate their commitments into increased services to eliminate hepatitis. This week, WHO has also added a new generic treatment to its list of WHO-prequalified hepatitis C medicines to increase access to therapy, and is promoting prevention through injection safety: a key factor in reducing hepatitis B and C transmission....”

“World Hepatitis Day 2017 is being commemorated under the theme "Eliminate Hepatitis" to mobilize intensified action towards the health targets in the 2030 Sustainable Development Goals.”

PS: “World Hepatitis Summit 2017, 1–3 November in São Paulo, Brazil, promises to be the largest global event to advance the viral hepatitis agenda, bringing together key players to accelerate the global response. Organised jointly by WHO, the World Hepatitis Alliance (WHA) and the Government of Brazil, the theme of the Summit is "Implementing the Global health sector strategy on viral hepatitis: towards the elimination of hepatitis as a public health threat"."

Reuters – Hepatitis drugs more affordable but disease still deadly: WHO
Reuters health;

“Prices of drugs to cure hepatitis C and to treat hepatitis B are dropping dramatically, offering affordability and hope to 325 million people living with the viral liver disease that can be fatal, the World Health Organisation (WHO) said on Thursday. A generic antiviral drug for hepatitis C, which can be cured in three months, was placed this week on WHO's list of pre-qualified medicines. That means it can be used safely by aid agencies and countries for bulk purchasing. “Indeed, the first drug sofosbuvir has now been pre-qualified, that means it is quality-assured through the WHO prequalified mechanism, which is very good news,” Dr. Gottfried Hirnschall, director of the WHO department of HIV and global hepatitis program, told a Geneva news briefing....”

AMR

Guardian - Rule that patients must finish antibiotics course is wrong, study says
Was big news all around the world yesterday. Based on this BMJ Analysis piece - The antibiotic course has had its day.

“With little evidence that failing to complete a prescribed antibiotic course contributes to antibiotic resistance, it’s time for policy makers, educators, and doctors to drop this message, argue Martin Llewelyn and colleagues. ”

Plos Med (essay) – Multidrug-resistant gonorrhea: A research and development roadmap to discover new medicines

http://journals.plos.org/plosmedicine/article?id=10.1371%2Fjournal.pmed.1002366&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plosmedicine%2FNewArticles+%28PLOS+Medicine+-+New+Articles%29

AMR is terrifying, and when it concerns gonorrhea, for some reason, it even feels more terrifying. So this comes timely:

“... In 2016, the Global Antibiotic Research and Development Partnership (GARDP) was launched by the World Health Organization (WHO) and Drugs for Neglected Disease initiative, which hosts and provides governance for GARDP. GARDP has worked together with experts from different regions to draft “ideal” and “acceptable” Target Product Profiles for the treatment of gonorrhea, reflecting medical need. Amongst other activities to combat antimicrobial resistance, GARDP has developed a plan to meet the urgent need for new drugs to treat gonorrhea. Over the next 7 years, this research and development proposal includes the following: exploring the introduction of a new clinical entity against gonorrhea; the identification of existing, suitable partner drugs; the recovery of previously abandoned, out-of-favor, and withdrawn antibiotics; and the development of simplified treatment guidelines for the empiric management of sexually transmitted infections.”

CARB-X announces new funding for scientists

http://www.carb-x.org/press

“Scientists developing promising new antibiotics in India, Ireland, France, Switzerland, the US and UK are to share up to US$17.6m to speed treatments for the world’s deadliest superbugs. A year since launching, the international partnership CARB-X today announced its second round of antibiotic research and development funding – alongside a call for greater global support....” With info on 7 supported projects.

BMJ - Trade is central to achieving the sustainable development goals: a case study of antimicrobial resistance

http://www.bmj.com/content/358/bmj.j3505

(recommended) “Johanna Hanefeld and colleagues highlight the links between trade and health and argue for greater consideration of trade agreements in actions to meet the sustainable development goals.” Applied on AMR here.
BMJ - Role for academic institutions and think tanks in speeding progress on SDGs

I Kickbusch & J Hanefeld; http://www.bmj.com/content/358/bmj.j3519

(must-read) “Academic institutions and think tanks are uniquely placed to broker links between different sectors and assist with cross cutting approaches to achieving the health related sustainable development goals, say Ilona Kickbusch and Johanna Hanefeld.”

Key messages: “Achieving the sustainable development goals will require a new transformative governance for health which focuses on intersectionality and partnership. Think tanks and academic institutions have a crucial role to play in realising and accelerating action for sustainable development. Six core areas will contribute to the achievement of the SDGs—developing elements of governance, increasing political accountability for sustainable development, engaging national and global stakeholders, identifying new solutions to systemic challenges in intersectoral working, enabling joint learning, and knowledge sharing. We invite think tanks and academic institutions to join this effort in the form of a Global Health Policy Think Tank Network.”

PS: The network just came together in Chile. Stay tuned for the Santiago declaration on accelerating political support for SDG implementation.

Read also (BMJ blog by Peter Taylor) - Health, SDGs, and public policy—the role of policy research institutions which provides a bit more background on this network and what the aims are, including on a series of articles that is being started.

Excerpts:

... The “first 1000 days” of implementation have been identified as critical to the SDGs’ success. To avoid the dangerous perception that there is still plenty of time to act before 2030 draws near, the International Development Research Centre (IDRC) and the Think Tank Initiative (TTI), collaborating closely with the Graduate Institute, Geneva and other partners, have convened a series of global and regional consultations in Geneva, Berlin, Kampala, Rio de Janeiro, Vancouver, Islamabad, London, Montreal, and most recently in a meeting of West African representatives in Dakar, Senegal. These consultations have conveyed a real sense of urgency: it is clear that policy making processes can no longer remain business as usual. There is a pressing need to put in place now the thinking and collaboration required to catalyse progress towards the SDGs.... “

... To help respond to these challenges, IDRC and the Graduate Institute have helped support the emergence of a new global collective “Think_SDGs“ (Think Tanks, Health policy institutions, Networks, and Knowledge), which aims to collaborate in generating and sharing knowledge, and to combine the efforts of those working at global, regional, national, and local levels. As a key part of its response, IDRC understands that public engagement is crucial; and so is very pleased to collaborate with The BMJ and Think_SDGs in supporting a collection of articles that will include a guiding framework for policy researchers seeking to catalyse progress towards the health related SDGs; ....” The first articles in the series were already published this week.
Indian Express - Willing to quit in foundation’s interest: PHFI chief


PHFI’s Srinath “Reddy now says that he is willing to step down in the foundation’s interest if his stature in the global public health arena or perceived closeness to the UPA are a problem.”

Must-read – update on the dire situation of PHFI in India, the tobacco scheming by powerful tobacco lobbies & much more. A freely speaking Srinath Reddy on the situation, even if he remains diplomatic, for understandable reasons.

Global Justice Now (report) - After a year of aid scandals, new report lays out a progressive strategy for the UK’s 0.7% spending


“A new report lays out the case for why a new, progressive vision for UK aid is urgently needed, arguing that it must be re-focused on principles of social justice and the need to redistribute economic and political power in the world. ‘Re-imagining UK aid: What a progressive strategy could look like’ argues that “aid spending has been driven by notions of charity, national self-interest, and an ideological belief that free markets and multinational business can solve the world’s problems,” and lays out eight areas where aid money could be used to achieve long-term, structural, progressive change.” Recommended reading also for the current Belgian minister, Alexander De Croo.

See also a piece by Nick Dearden (Global Justice Now) - We need to talk (honestly) about aid

“The trickle-down dogma of the aid industry is false. It is time to start distributing aid to create public goods.”

Lancet (Editorial) - What can evolutionary theory do for public health?

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31998-0/fulltext

“Today The Lancet publishes a three-part Series on evolutionary public health. It aims to widen appreciation of the value of evolutionary theory for designing public health interventions and for understanding why they often fail. As Jonathan Wells, the Series lead, and colleagues lay out in the first paper, evolutionary theory offers a holistic framework for public health that takes account of individuals’ physiological and behavioural decisions in the context of their life-course trajectories and responses to environmental exposures. The two other papers consider the evolutionary perspective of human reproduction, and how human behaviour and microbes interact to shape our physiology and metabolism....”
You find the first paper in the series here - Evolutionary public health: introducing the concept. (by J Wells et al)

“The emerging discipline of evolutionary medicine is breaking new ground in understanding why people become ill. However, the value of evolutionary analyses of human physiology and behaviour is only beginning to be recognised in the field of public health. Core principles come from life history theory, which analyses the allocation of finite amounts of energy between four competing functions—maintenance, growth, reproduction, and defence. A central tenet of evolutionary theory is that organisms are selected to allocate energy and time to maximise reproductive success, rather than health or longevity. Ecological interactions that influence mortality risk, nutrient availability, and pathogen burden shape energy allocation strategies throughout the life course, thereby affecting diverse health outcomes. Public health interventions could improve their own effectiveness by incorporating an evolutionary perspective. In particular, evolutionary approaches offer new opportunities to address the complex challenges of global health, in which populations are differentially exposed to the metabolic consequences of poverty, high fertility, infectious diseases, and rapid changes in nutrition and lifestyle....”

Do read also the other papers, ‘Human reproduction & health: an evolutionary perspective’, ... if you’re not on holidays (or ensuring your own reproduction this weekend).

Lancet (Comment) – Avoiding globalisation of the prescription opioid epidemic

K Humphreys; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31918-9/fulltext

“In May, 2017, 12 members of the US Congress wrote to the then WHO Director-General Margaret Chan to warn of an expanding international drug epidemic fuelled by what they called a “reckless”, “greedy”, and “dangerous” organisation. The subject of their letter was the US-based opioid manufacturer Purdue Pharma and its global counterpart Mundipharma International. ... ... their warning demands urgent attention across the world.”

Lancet – Defending academic and medical independence in Turkey

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32093-7/fulltext

PHM took the lead in drafting this letter. “We write on behalf of 207 health professionals, academics, and researchers, and 25 health and human rights organisations from many countries. We wish to bring to the attention of The Lancet’s readers alarming events taking place in Turkey, where the state has been waging a campaign of terror and punishment against thousands of health professionals and academics....”
Key reads of the week

IJHPM – State Support: A Prerequisite for Global Health Network Effectiveness; Comment on “Four Challenges that Global Health Networks Face”


“Shiffman recently summarized lessons for network effectiveness from an impressive collection of case-studies. However, in common with most global health governance analysis in recent years, Shiffman underplays the important role of states in these global networks. As the body which decides and signs international agreements, often provides the resourcing, and is responsible for implementing initiatives all contributing to the prioritization of certain issues over others, state recognition and support is a prerequisite to enabling and determining global health networks’ success. The role of states deserves greater attention, analysis and consideration. We reflect upon the underappreciated role of the state within the current discourse on global health. We present the tobacco case study to illustrate the decisive role of states in determining progress for global health networks, and highlight how states use a legitimacy loop to gain legitimacy from and provide legitimacy to global health networks. Moving forward in assessing global health networks’ effectiveness, further investigating state support as a determinant of success will be critical. Understanding how global health networks and states interact and evolve to shape and support their respective interests should be a focus for future research.” Recommended.

BMJ Global Health - Health sector governance: should we be investing more?

R Fryatt, S Bennett, A Soucat; http://gh.bmj.com/content/bmjgh/2/2/e000343.full.pdf

“Governance is central to improving health sector performance and achieving UHC. However, the growing body of research on governance and health has not yet led to a global consensus on the need for more investment in governance interventions to improve health. This paper aims to summarise the latest evidence on the influence of governance on health, examines how we can assess governance interventions and considers what might constitute good investments in health sector governance in resource constrained settings. The paper concludes that agendas for improving governance need to be realistic and build on promising in-country innovation and the growing evidence base of what works in different settings. For UHC to be achieved, governance will require new partnerships and opportunities for dialogue, between state and non-state actors. Countries will require stronger platforms for effective intersectoral actions and more capacity for applied policy research and evaluation. Improved governance will also come from collective action across countries in research, norms and standards, and communicable disease control.”

JAMA – Challenges in international comparison of health care systems

I Papanicolas, A Jha; http://jamanetwork.com/journals/jama/fullarticle/2646461

“This Viewpoint discusses the challenges in cross-national comparisons of health care system performance, including defining the responsibilities of the health system, managing limitations of data, and accounting for different values in different nations.”
Global health events

Delivering Global Health Security through Sustainable Financing Meeting - 26-27 July 2017, Seoul, Republic of Korea


“The WHO Health Emergencies Programme (WHE), Country Health Emergency Preparedness and IHR (CPI) department [held] in close collaboration with the World Bank and International financing partners, a meeting on “Delivering Global Health Security through Sustainable Financing” in Seoul, Republic of Korea, from 26 to 27 July 2017. This meeting [was] the continuation of the global coordination initiative for advancing global health security, and its purpose is to identify sustainable financing mechanisms and ways to increase and improve efficiency of global and domestic health financing for National Health Security plans, engaging not only ministries of health but also ministries of finance, budget and planning and members of Parliament, regional, international stakeholders and other relevant global health security actors such as one health. This meeting also address[ed] the issue of the regional collaboration in support of global/regional health security. …”

For the information note on the meeting, see here.

Check out also WHO’s strategic partnership portal.

Among others, with info on the “National Planning Guide Summary – A Practical Approach to Health Security Capacity building”.

“We have created this document to serve as a short guide for developing a National Action Plan for Health Security (NAPHS) following a Joint External Evaluation (JEE) or other similar assessment. We recognize that as more JEE’s are completed there is a need to provide a clear, concise guide to the national planning process to accelerate progress toward development of NAPHS. This document outlines the major steps toward the development of a NAPHS, contains additional detail on each step in the process, provides helpful recommended actions, and lists resources that are available to assist in the process. This guide supports a NAPHS development process that is flexible, led by the country, includes representatives from multiple sectors of government, and builds upon the results of country assessments of health security capacity (JEE or other similar assessments).”

Also has a timeline.

Urban resilience summit 2017 (24-27 July, in New York)

http://100resilientcities.org/summit2017/?utm_source=facebook&utm_medium=social&utm_content=blog
Sounds like Bloomberg’s cup of tea. “... Nearly 500 urban resilience leaders from cities around the world, including 80 Chief Resilience Officers, will gather in New York City to share ideas and innovations from their cities, collaborate on new solutions, explore New York as a living laboratory for urban resilience, and to together chart the course of the movement we are building.”

I’m sure we’ll all live happily resilient every after.

Rockefeller foundation – The Future of Urban Resilience

Rajiv Shah; Rockefeller Foundation;

Rajiv Shah (Rockefeller’s boss now) take on the meeting & urban resilience in general. He’s upbeat.

Resyst (blog) – Global health ethics frameworks, embedded ethics and new approaches to vulnerability


Recommended. Short blog on the 2017 Oxford Global Health and Bioethics International Conference, aimed at promoting multidisciplinary and inclusive discussion of critically important ethical issues in global health.

IDS (blog) - Transforming accountabilities for health

K Gatellier & T Barker; https://www.ids.ac.uk/opinion/transforming-accountabilities-for-health?utm_content=buffer293a&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

“Last week, between 80-90 researchers, practitioners, advocates and policymakers gathered for a three-day workshop organised by the IDS Accountability for Health Equity programme. Entitled Unpicking Power and Politics for Transformative Change: Towards Accountability for Health Equity, the event was hosted in collaboration with Unequal Voices, Future Health Systems, the Open Society Foundations, the Impact Initiative, and Health Systems Global. In this blog, Tom Barker and Karine Gatellier share their reflections from the event.”

Global governance of health

A couple of tweets to kick off this section:

Ilona Kickbusch - “Golden opportunity in 2018 - three #globalhealth debates @UN: #NCDs #AMR #TB - send same message or compete for attention? @WHO”
“Let us not forget the great opportunity to set the way forward on PHC: 2018 marks 40 years after Alma Ata. What will be our joint messages?”

My humble suggestion: We’re heading for ‘Health for None, if we don’t change our ways in a fundamental way’.

Lancet (Letter) – Closing the NIH Fogarty Center threatens US and global health

S Abdoool Karim et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31912-8/fulltext

“The budget set out by the Trump administration for the 2018 fiscal year proposes cutting about US$6 billion from the National Institutes of Health (NIH). Specifically, this budget intends to eliminate the John E Fogarty International Center... ... Despite its modest size, the Fogarty Center has become a crucial contributor to health research worldwide over the past 50 years by funding the training of over 6000 scientists in developing countries, including many of the world’s leading scientists in infectious disease research. The advancement of scientific expertise in developing countries is essential to ensure sufficient local capacity to detect and rapidly respond to epidemics at their point of origin. This local expertise will allow outbreaks to be quickly contained and their effects minimised, thereby directly protecting the health and safety of people in the USA and worldwide....”

UN reform

European Council on Foreign Relations - Lonely at the top

http://www.ecfr.eu/amp-article/commentary_lonely_at_the_top_7218

Great analysis by Richard Gowan on the situation UN SG Guterres finds himself in, as he’s trying to implement UN reform in a very difficult international environment. He’s “in the position of a general guiding an orderly retreat from a chaotic battlefield” but this is by no means guaranteed.

A few excerpts: “Since becoming Secretary-General at the start of the year, Guterres has seemed impatient with the organisation’s bureaucracy. He has repeatedly questioned whether the UN is fit for purpose, describing its peacekeeping mechanisms as “under-performing” and its approach to economic development as “at its exhaustion point.” He tends to take serious decisions with a small inner circle of advisers, sideling perplexed UN officials he thinks are not up to snuff, and address the most serious problems of all almost on his own. .... ...

...it is also indicative of the fact that he has to pull off an enormous political conjuring trick if he is to keep the UN afloat in an era of American nationalism, geopolitical rifts, and multiple escalating humanitarian crises.

Three broad themes are emerging from his various plans and statements: ...
And “...The staff rules, the budgetary rules, the financial rules of the UN,” he told global leaders in Davos this January, “if they were a result of a conspiracy not to allow the UN to work, they would be what they have.” If the Secretary-General got his way, he would clearly like to reshape the UN as an organization that does less but it does it better, with less fuss. ...”

Repositioning the UN development system to deliver on the 2030 Agenda – Ensuring a Better Future for All - Report of the Secretary-General


Already flagged in a previous newsletter.

U.S.-Japan Dialogue: Strengthening the Partnership on Global Health (Joint meeting summary report)


“On May 3, 2017, the Center for Strategic and International Studies (CSIS) and the Japan Center for International Exchange (JCIE) co-hosted a half day meeting exploring how the Trump and Abe Administrations can continue and strengthen the two countries’ longstanding partnership in global health. The meeting convened more than 40 senior officials and policy experts from the U.S. and Japan and covered a range of areas for potential collaboration centered on global health security, including in the global health architecture, communicable diseases, governance of multilateral institutions, and innovation. The discussion built upon a previous meeting held in Washington, D.C. in March, co-hosted by JCIE and the United Nations Foundation, that identified several promising areas for future global health cooperation.”

PHM’s annual report (2016)

http://www.phmovement.org/en/node/10696

“Since its inception in 2000, PHM has played an increasing and significant role in global health: increasing capacity of community activists to participate in global health; monitoring global health policies and governance; and providing publication and a platform for engagement, advocacy and action around health for all. Much of this work has been carried out on a limited budget, with a small secretariat, and drawing significantly on volunteers. Despite resource constraints, during the course of 2016 PHM strengthened and expanded, particularly in Europe and in West and Central Africa. Global and regionally, we used opportunities that arose to have face to face interactions, meetings, seminars, International People’s Health Universities and regional assemblies were held in Europe, Africa, North America and Latin America. These interactions assisted with harnessing new energy and organized action.” See here.
HQSS (High Quality HS in the SDG era) – National Commissions


“National Commissions focus on describing, measuring, and suggesting improvements for health system quality within their specific country focus. These commissions will help organize national work on quality, contribute to the overall findings of the global Commission, and build analytic capacity for quality measurement and analysis within countries. We are currently in the process of establishing several National Commissions, including in Ethiopia, Malawi, Mexico, South Africa, Nigeria and India, among others....”

SDGs

IISD – SAIs Discuss Preparedness Audits for SDG Implementation


“The International Organisation of Supreme Audit Institutions (INTOSAI) Development Initiative (IDI) and UN Department of Economic and Social Affairs (DESA) organized a meeting on the theme, ‘Auditing Preparedness for the Implementation of the Sustainable Development Goals (SDGs),’ during which participants encouraged evaluating national preparedness for implementing the SDGs now, before measuring actual implementation of the SDGs....”

IISD – DESA Issues Compendium on Institutional Arrangements for SDGs


“The UN Division for Public Administration and Development Management in DESA has issued a pilot version of a compendium that takes stock of institutional arrangements adopted by the 22 UN Member States that presented their reviews of progress on SDG implementation at the 2016 HLPF.

The document focuses on: the adoption and the adaptation of national strategies and plans; national institutional arrangements; local authorities; parliaments; engaging and equipping public institutions and administrations; civil society and the private sector; and monitoring and review. ...”

Devex – Poorest countries need new ways to finance SDGs, UN report says

Devex ;

“The second-annual checkup on the Sustainable Development Goals wrapped up at the United Nations headquarters on Wednesday with a warning that growth and foreign assistance in the world’s poorest countries is not enough for them to collectively reach the poverty, health and
Environment targets, as experts called for the least developed countries and their donors to explore new financing options.”

That’s code for: “You’re basically on your own” from now on...

IISD – TERI’s ‘NDC Footprints’ Maps Synergies Between SDGs and NDCs

“TERI has developed a web app titled, 'NDC Footprints,' which seeks to bridge the knowledge gap between climate and development policies and goals. The tool is part of a project titled, 'Developing Country Participation in Addressing Climate Change: Policy Instruments for Achieving NDCs'. It maps linkages within countries' National Determined Contributions (NDCs) under the UNFCCC and the SDGs, providing an online database that shows how different SDGs factor into the NDCs of various countries.” There also a report, focusing on Asia - SDG footprint of Asian NDCs.

Global Health Governance (blog ) - The surge of PPPs for health since the millennium


Recommended. “This blog is Part II of a series on the role of public-private partnerships (PPPs) in global health financing, priorities, and policies.” Final episode still to come.

Southern Africa establishes the Africa Centres for Disease Control and Prevention Regional Collaborating Centre to improve surveillance, emergency response and prevention of infectious and non-communicable diseases

Reliefweb:

“Southern African countries met [last week] on Thursday and Friday to operationalize the Africa Centres for Disease Control and Prevention’s (Africa CDC) Regional Collaborating Centres (RCC) in Lusaka, Zambia to improve surveillance, emergency response and prevention of infectious and non-communicable diseases. The Africa CDC is working to harness the public health assets that already exist in the region including universities, national public health institutes, private laboratories, centres of excellence, non-governmental organisations and veterinary networks. The Africa CDC Regional Collaborating Centres will work closely with the Africa CDC secretariat in Addis Ababa to support surveillance, laboratory systems and networks, information systems, emergency preparedness and response, capacity development and public health research in Member States....”

For more on health emergencies in the African region (and policies & governance to tackle them), check out also WHO’s WHO Health Emergencies Programme (annual report 2016).
Devex - Dr Death on Australia’s leading role in data for health

Devex:

“Professor Alan Lopez is sometimes called Dr Death. But the moniker is one Lopez embraces. For him the name demonstrates his four decades as an epidemiologist are making a difference…. … Today, his work focusing on cause of death statistics is at the core of the Data for Health Initiative, which is helping developing countries collect the data that improved health systems desperately need. For 25 years, the Australian epidemiologist worked at the World Health Organization as director of the Epidemiology and Health Statistics section and chair of the board of Health Metrics Network — though he initially intended to be there for just three months. … Now operating out of the University of Melbourne at the Melbourne School of Population and Global Health, Lopez calls himself the “technical mastermind” behind the Data for Health Initiative. … … Speaking with Devex, Lopez discussed his work on the Data for Health Initiative, the challenges it poses but the potential it brings.”

Health Affairs (blog) – What US Budget Cuts To Global Health Could Mean For Future Funding

J Kates, J Dieleman et al; Health Affairs;

Some more IHME modelling of potential implications of US budget cuts to global health, starting from a recent Lancet analysis (but taking it a bit further).

Lancet (Letter) – Collaborating to achieve Global Vaccine Action Plan goals

Alan R Hinmann et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31370-3/fulltext

The authors “propose convening a new GVAP coalition that is complementary to existing mechanisms of partner coordination and whose aims are to achieve the GVAP goals, including its disease reduction targets, by taking a global perspective that encompasses all countries. The coalition’s primary purpose would be to work at global and national levels to facilitate collaborative action, contributing to and building from what now exists and involving a broader range of partner organisations. The coalition would also serve as a collaborative mechanism for advocacy, resource mobilisation, and accountability.”

Graduate Institute –SDG Lab: Connecting, amplifying and innovating for Agenda 2030

With some more info on the **SDG Lab**, created at the beginning of 2017 in the Office of the Director General of the United Nations Office at Geneva (UNOG). Aims, ...

**WHO – American University of Beirut: the new home of Global Evidence Synthesis Initiative - GESI**


“The **Global Evidence Synthesis Initiative (GESI)** brings together a number of worldwide research organizations that are committed to the development and use of research synthesis to enhance public policy, public service delivery and citizens’ involvement. The Alliance has partnered with a number of organizations including Cochrane, the Campbell Collaboration, EPPI-Centre, the International Initiative for Impact Evaluation (3ie), Joanna Briggs Institute, American Institutes for Research and Collaboration for Environmental Evidence, to establish the **GESI Consortium**, which aims to enhance the capacity for research synthesis worldwide and especially in low- and middle-income countries. One of the hallmarks of the approaches being developed through this consortium is the early and active engagement of policy-makers in identifying priorities for syntheses to ensure they respond to current needs. Following a competitive process, **the GESI Consortium selected the Center for Systematic Reviews on Health Policy and Systems Research (SPARK) at the American University of Beirut (Lebanon) to host the General Secretariat for the GESI.**”

**UHC**

A few tweets to start this section:

On Nigeria: “National Assembly takes a bold step to launch the 1st ever Legislative Network on #UHC in the world #LegNet4UCHNG”

Rob Yates – “My top tips for big #UHC reforms in the next decade: Indonesia, Myanmar, South Africa, United States (yes really!) and Nigeria (ditto!”

**US Senate health care saga from this week**

**Stat News** had a pretty good summary of the events so far, till yesterday:

[http://mailchi.mp/statnews/t6xykfmyvn-575433?e=350bf58ae5](http://mailchi.mp/statnews/t6xykfmyvn-575433?e=350bf58ae5)

“The Senate’s health care saga this week continues. Lawmakers **voted 45-55 yesterday against a measure that would’ve repealed much of the ACA without offering a replacement plan**, with seven Republicans voting against the measure. The failure for GOP leaders comes **after lawmakers also**
rejected the Senate’s replacement plan, the Better Care Reconciliation Act. Next up: a vote on a skinny repeal” that would only get rid of the ACA’s individual mandate and a few other provisions. If that fails, Senate leaders will start tossing out other amendments to the bill in a vote-a-rama and seeing what, if anything, might stick.

Birdy’s “Skinny Love” doesn’t quite feel appropriate for the occasion.

Just as this newsletter was being sent out, early Friday morning (European time), the skinny repeal bill failed to pass in the Senate (51 votes against, 49 votes pro).

Enter a tweet from Rob Yates: “The sun has got it’s hat on, hip hip hip hooray. Donald lost the health vote in the Senate today!”


Stuff for a Hollywood movie on McCain, no doubt. “Arizona senator John McCain, who returned to the US Senate earlier this week after a diagnosis of brain cancer, provided the critical vote to torpedo an Obamacare repeal bill in a night of high drama on Capitol Hill. McCain, who gave an emotional speech about the importance of the Senate and its procedures on Tuesday, joined fellow Republicans Susan Collins of Maine and Lisa Murkowski of Alaska in voting down the bill 51-49.”

But if you want to know what was in the skinny repeal bill, see Vox - ‘Skinny repeal’ bill unveiled: What it could mean for you.

Some links related to the Senate health care story from earlier this week for the ones who want to read more:

Vox – (July 24) In 24 hours, the Senate will vote on a mystery health care bill

Guardian (July 25) - Senate Republicans vote to open debate on repealing and replacing Obamacare (recommended analysis, after the “procedural vote” took place, early this week. It passed without the support of a single Democrat, but allowed the Senate to open debate on repealing and replacing the ACA (Obamacare). Even John McCain showed up and voted for starting the debate, even if he then immediately trounced the health bill in a speech- see (Vox) John McCain gives stirring speech denouncing the health bill he just voted to advance.

CNN (July 27) - Senate rejects Republican plan to repeal Obama health law and leave replacement for later, in second blow to GOP.

“The Senate rejected a proposal from Republican lawmakers to repeal Obamacare on Wednesday, marking a significant milestone in the Republican Party’s years-long political crusade to gut former President Barack Obama’s legacy health care law. The vote was 45-55, with seven Republicans opposing the measure. ... ... The failure crystalized the new reality for Republicans: more than
seven years after the enactment of Obamacare, there is growing recognition within the GOP that a straight repeal of the law is not viable.”

Guardian (July 27) - US healthcare debate: what is a 'skinny repeal' of Obamacare? “The latest Republican plan, whose details remain unclear, would eliminate the ACA’s individual mandate, employee mandate and ‘Cadillac tax’.”

You might also want to read a blog on Health Affairs - Universal Health Coverage? Why? (by W McClure et al)

Lancet (World Report) – Dismantling the ACA without help from Congress
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31991-8/fulltext

“If Congress doesn’t repeal the ACA, President Trump’s changes could go a long way to fulfil Republicans’ pledge to scrap it. Susan Jaffe, The Lancet Washington correspondent, reports.”

HP&P - Minding the gaps: health financing, universal health coverage and gender


“In a webinar in 2015 on health financing and gender, the question was raised why we need to focus on gender, given that a well-functioning system moving towards Universal Health Coverage (UHC) will automatically be equitable and gender balanced. This article provides a reflection on this question from a panel of health financing and gender experts....”


From last week’s Lancet: “Japan has entered the era of super-ageing and advanced health transition, which is increasingly putting pressure on the sustainability of its health system. The level and pace of this health transition might vary across regions within Japan and concern is growing about increasing regional variations in disease burden.”
IDSi (blog) – More money is not always the answer to the ills of global health

Laura Downey; http://www.idsihealth.org/blog/more-money-is-not-always-the-answer-to-the-ills-of-global-health/

“Increasing the amount of money spent on health isn’t always the answer, especially in the absence of a system that can readily and effectively absorb additional funds. Laura Downey discusses this in the context of India in the following blog.”

WHO meeting - Strategic purchasing for UHC: unlocking the potential (25-27 April 2017 - WHO Headquarters, Geneva, Switzerland)


All the presentations, livestreamed sessions you can rewatch, docs, ...

Planetary health

Scientific American - The World May Have Less Time to Address Climate Change Than Scientists Thought

Scientific American;

“A new global temperature baseline casts doubt on humanity’s ability to meet the Paris target.” Based on a new paper in Nature Climate Change. You probably already got this via the media.

BMJ (blog) - Climate change—UN fails to address industry influence

K Ruff; http://blogs.bmj.com/bmj/2017/07/21/kathleen-ruff-climate-change-un-fails-to-address-industry-influence/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+bmj%2Fblogs%2Flatest+BMJ+bids%29&g=w_blogs_bmj-com

Smells remarkably like the FENSA story. “Instead of democratic leadership to protect the wellbeing of the planet ahead of all other interests, the UN is giving a stronger role to the fossil fuel industry in setting global climate change policy...”
Infectious diseases & NTDs

Globalization & Health - “If donors woke up tomorrow and said we can't fund you, what would we do?” A health system dynamics analysis of implementation of PMTCT option B+ in Uganda


“In October 2012 Uganda extended its prevention of mother to child HIV transmission (PMTCT) policy to Option B+, providing lifelong antiretroviral treatment for HIV positive pregnant and breastfeeding women. The rapid changes and adoptions of new PMTCT policies have not been accompanied by health systems research to explore health system preparedness to implement such programmes. The implementation of Option B+ provides many lessons which can inform the shift to ‘Universal Test and Treat,’ a policy which many sub-Saharan African countries are preparing to adopt, despite fragile health systems.”

Plos (Perspective)- The science of rapid start—From the when to the how of antiretroviral initiation

http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002358

“In this Perspective linked to Koenig and colleagues, Elvin Geng and Diane Havlir discuss the next challenges for implementation research around rapid start ART.” Koenig and colleagues investigated whether initiating ART on the day of diagnosis improved retention in care and viral suppression.

The Diplomat - Why India Needs to Worry About the Zika Threat


News on Zika has mainly focused on Southern America but yet another case of the virus was recently reported in Chennai, India, not for the first time in that country. “This comes on the heels of three Zika cases reported in Ahmedabad in May 2017 by the World Health Organization (WHO). Indian government authorities have so far disregarded these as sporadic cases as not warranting high alert action, while the public in general is indifferent. It is this apathy that is worrisome....”

Lancet (World Report) – The omitted epidemic—hepatitis E in the Lake Chad region

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31992-X/fulltext
“Hepatitis E outbreaks have been declared in the Lake Chad region, as humanitarian agencies struggle to cope with care in the absence of knowledge about the virus. Andrew Green reports.”

BMC Public Health - Associations between national viral hepatitis policies/programmes and country-level socioeconomic factors: a sub-analysis of data from the 2013 WHO viral hepatitis policy report

J Lazarus et al; https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4549-4

“As more countries worldwide develop national viral hepatitis strategies, it is important to ask whether context-specific factors affect their decision-making. This study aimed to determine whether country-level socioeconomic factors are associated with viral hepatitis programmes and policy responses across WHO Member States (MS).”

Ebola Virus RNA Detection in Semen More than Two Years After Resolution of Acute Ebola Virus Infection


Not completely done with Ebola? Seems warranted. “Of 137 men donating semen 2 years after EVD onset, 11 (8%) had an EBOV RNA-positive specimen. The mechanism underlying the persistence of EBOV RNA in semen is unclear, as is whether the detection of viral RNA represents the presence of infectious virus.”

Reuters – Deaths rising as Sri Lanka struggles with worst-ever outbreak of dengue

Reuters:

“The worst-ever outbreak of dengue fever in Sri Lanka has killed nearly 300 people with the number of cases rising rapidly, aid agencies said on Monday as they scaled up an emergency response in the wake of devastating floods and landslides in May. Sri Lanka's Ministry of Health said the number of people infected by the mosquito-borne viral disease had reached over 103,000 so far this year - which is nearly double the total number of cases in 2016 - with about 296 deaths.”

NCDs

A tweet to kick off this section:
“Global #NCD experts met 8-9 June 2017 at @IHEID @WHO and identified 7 bottlenecks hindering progress - report coming http://www.who.int/nmh/events/2017/ncd-challenge/en/“

Stay tuned for that.

The Conversation – Why the number of people with more than one chronic condition is rising in Africa


“As to the rise in the cases of non-communicable diseases in developing countries, there is an increasing emerging pattern of high levels of multimorbidity. The impact of multimorbidity is three-fold: it affects the patient, the health care provider and the health system as a whole. To tackle the problem, solutions need to focus on what’s causing multimorbidity. This means that policymakers must look beyond the health sector – they must engage with multiple sectors. This is necessary as most risk factors relating to multimorbidity are driven by factors that lie outside the health care system.”

Vietnam's Drinkers Are Giving the World's Top Brewers Beer Goggles

https://tinyurl.com/yc2phgxn

Alcohol is a poison peddled by French imperialists, said Ho Chi Minh but for youngsters like 26-year-old researcher, Nguyen Nhat Truong, “Drinking beer is essential in Vietnam,” a country where he says there is a lot of free time, “there isn’t a lot of other entertainment, so we drink beer.” A beer-swilling culture is stoking concern about binge-drinking. Vietnam will be “the next key battleground for brewers,” market researcher Euromonitor International said in a report this month. The planned sale of the government’s majority stakes in the nation’s two largest domestic beer companies leaves “wide open” the door for foreign rivals, it said.

NYT – New CDC chief saw Coca Cola as an ally in the obesity fight


“When she was health commissioner of Georgia, the state with one of the highest rates of child obesity, Dr. Brenda Fitzgerald faced two enormous challenges: How to get children to slim down and how to pay for it.” You get a hint from the title of this article how she went for a “win-win”. Well, sort of.
Times colonist - We are being marketed to death

Trevor Hancock; http://www.timescolonist.com/opinion/columnists/trevor-hancock-we-are-being-marketed-to-death-1.21227882

Trevor Hancock discusses the marketing of alcohol and unhealthy foods, especially high-sugar foods, just a few of the many products that produce ill health, injury and premature death.

He concludes: “... let’s face it, the purpose of marketing is to persuade us to buy more of their products — why else would a business spend all that money? And therein lies perhaps the greatest danger. Because marketing feeds into and supports the dominant narrative of growth, it stimulates us to want and need more products, more “stuff.” But endless growth within a finite system is impossible, as is becoming apparent as we move into the Anthropocene era. Three per cent economic growth coupled with one per cent population growth translates into a 22-fold increase in demand by the end of this century. We can’t afford to increase our material demands, and yet that is what most marketing is about. That is why I believe that the marketing industry as a whole is a threat to the health of the population. So instead of celebrating the ingenuity of the advertising industry, and all the clever ways in which it tries to trick us into buying more stuff, we need to rethink the role and responsibility of the marketing industry in the 21st century.”

Big Tobacco v Global Health: Time for New Strategies


(recommended) “If present trends continue, experts predict, the tobacco toll in the 21st century will reach one billion premature deaths, ten times the 100 million people who died from tobacco use in the 20th century. To avert that future will require changing the focus of current tobacco control strategies from a primary focus on changing the behavior of present and future smokers to one that seeks to change the practices of the tobacco industry itself.”

Effective tobacco control will require responding to four (worrying) global trends: ....

... In the long run, only approaches that make tobacco companies less attractive to investors will deprive the industry of its lifeline of capital.”

And a link:

JH report - technical report on flavored cigarettes at the point-of-sale in Latin America

This report describes the situation in Latin America, where flavored cigarettes are increasingly popular. And they are intended to appeal to young smokers, for example the ones you can find in primary & secondary schools. Study of cigarette retailers near these schools.
Sexual & Reproductive / maternal, neonatal & child health

Lancet Global Health (Comment) – Gender Empowerment Index: a choice of progress or perfection

Anita Raj; http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30300-5/fulltext

“In The Lancet Global Health, Fernanda Ewing and colleagues offer a new index for monitoring Sustainable Development Goal (SDG) 5 (to achieve gender equality and empower all girls). The survey-based women’s empowerment index (the SWPER index) was developed from a series of items in the Demographic and Health Survey (DHS) from 34 African countries using principal component analysis and then validated by assessing associations between its components and important maternal and child health interventions (convergent validation) at the individual level, and then analysing its correlations with the Gender Development Index at the country level (external validation)…” An assessment of this index.

TMIH - Barriers to obstetric fistula treatment in low-income countries: a systematic review


“Nine groups of barriers to treatment were identified: psychosocial, cultural, awareness, social, financial, transportation, facility shortages, quality of care and political leadership. Interventions to address barriers primarily focused on awareness, facility shortages, transportation, financial and social barriers. At present, outcome data, though promising, are sparse and the success of interventions in providing long-term alleviation of barriers is unclear.”

Guardian – Gay relationships are still criminalised in 72 countries, report finds


“Fifty years after homosexuality was decriminalised in England and Wales, 72 other countries and territories worldwide continue to criminalise same-sex relationships, including 45 in which sexual relationships between women are outlawed.” Coverage of the annual report by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA).
Report (The Global Forum on MSM & HIV & OutRight Action International) – Agenda 2030 for LGBTI health and wellbeing


This report by 2 human rights organisations includes a series of recommendations for making SDG 3 more LGBTI-inclusive. Recommended reading for the UN & many others.

NYT – In some countries, women get days off for period pain

NYT:

After the news about an Indian company that started menstrual leave policies, a debate has started. “Experts say the spread of such policies -- despite their best intentions -- could actually deter women’s progress in the workplace.”

I consider myself unqualified to have an opinion on this issue.

Quartz - Denmark thinks free birth control for African countries will slow Europe’s migrant crisis


See the FP summit news from a few weeks ago, on the rationale behind Denmark’s “generosity” for FP in SSA. “Denmark is pledging 91 million Danish kroner ($14 million) to curb the “human and social costs” of unwanted pregnancies in places with poor infrastructure and opportunities for young women. Much of the focus will be on Africa’s least developed countries.”

WHO Bulletin – Environmental health policies for women’s, children’s and adolescents’ health

M Neira et al; http://www.who.int/bulletin/online_first/BLT.16.171736.pdf?ua=1

“Environmental health risks especially affect women and children, because they are more vulnerable socially and because exposures to environmental contaminants create greater risks for children’s developing bodies and cognitive functions. According to the 2016 World Health Organization’s (WHO’s) estimates, modifiable environmental risk factors cause about 1.7 million deaths in children younger than five years and 12.6 million total deaths every year....”
“...This paper explores how the SDGs can be used to reduce environmental health risks and enhance the health of women, children and adolescent. In particular, we focus on drivers for urbanization and sustainable development (e.g. transport, housing, urban design and energy provision) that can advance the global strategy (2016–2030), but have not traditionally been a focus of health policy-making. We frame the discussion around the three pillars of the global strategy (2016–2030): survive, thrive and transform, while recognizing the inevitable overlap between these objectives.”

Lancet Oncology (series) – Cancer prevention

http://www.thelancet.com/series/cancer-prevention

“First along the cancer development pathway is the stage before diagnosis: how to prevent the genesis of cancer. This Series of papers in The Lancet Oncology investigates five aspects of this difficult-to-study concept: how lifestyle changes, including physical activity and diet affect cancer prevention; the different preventive measures taken at both the pharmacologic and governmental level; strategies to prevent anthracycline-based cardiotoxicity; and the role of big data in the future of personalised cancer prevention. The Series also includes a comment on how to best conceptualise precision prevention.”

Medical Xpress – New global aging index gauges health and wellbeing of aging populations


“Researchers from Columbia University’s Mailman School of Public Health and University of Southern California Schaeffer Center for Health Policy & Economics, with the support of The John A. Hartford Foundation, have developed a new barometer that estimates how countries are adapting to the dramatic increases in the number and proportion of older persons. The Index is composed of specific measures across five social and economic Indicators that reflect the status and wellbeing of older persons in a country and which can be followed over time and used to compare across nations....” The US does surprisingly well.

“...Elements of The Hartford Index: Productivity and Engagement - Measures connectedness within and outside the workforce; Well-being - Measures the state of being healthy; Equity—Measures gaps in well-being and economic security between the haves and have-nots; Cohesion - Measures across generations and social connectedness; Security—Measures support for retirement and physical safety.”
Access to medicines

NYT – The Tasmanian Hep C Buyers’ club

After traveling to India to obtain the less-expensive generic version of the hepatitis C drug sofosbuvir, Australian Greg Jefferys helped other former hepatitis C sufferers set up informal buyers’ clubs in their own countries. But the online facilitation of access to unapproved drugs raises a lot of questions. Well worth a read.


https://thewire.in/161323/rcep-negotiations-healthcare-medicines/

“Although the draft text of the RCEP agreement is not public, leaked documents show that the deal could undermine India’s patent system.” With not just Indian but also global consequences.

IP-Watch - The Case For Nations To Act On Medicines Access


“A range of speakers, including top health officials from both a developed and developing country, last week laid out the case for why the world’s leaders must now launch a shift in the way medicines all populations need are developed and priced. The need for global collaboration is clear, speakers said, but who will lead? The 17 July event was titled, “UN Secretary-General’s High-Level Panel on Access to Medicines: Advancing Health-Related SDGs through Policy Coherence.” The panel came in the context of the UN High Political Forum on Sustainable Development taking place during the week at the UN headquarters in New York.” Extensive overview of the panel discussion.

Human resources for health

BMJ (blog) – New plan to tackle the global shortage of health workers fails to address economic constraints

BMJ blog:

Must-read blog by M Bemelmans (Wemos) & Mit Philipps (MSF).
“The Five-Year Action Plan for Health Employment and Inclusive Economic Growth from WHO, ILO & the OECD was recently adopted. It was developed from the Global Strategy on Human Resources for Health: Workforce 2030. Together, the global strategy and the action plan address issues around the uneven distribution of health workers and severe shortages globally. While the action plan highlights the positive economic benefits of investing in human resources for health (HRH), it largely fails to address the economic constraints to implementing it....”

Human Resources for Health - The Human Resources for Health Effort Index: a tool to assess and inform Strategic Health Workforce Investments


For the HRH scientists among you.

Miscellaneous

National Geographic – Nearly a Billion People Still Defecate Outdoors. Here’s Why.


In-depth report on SDG 6 & the current global situation. “The problem isn’t just a lack of toilets—it’s a lack of toilets that people want to use. The result: millions of deaths and disease-stunted lives.”

Lancet (Viewpoint) – The French emergency medical services after the Paris and Nice terrorist attacks: what have we learnt?

P Carli et al; http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31590-8/fulltext

Provides lessons for all over the globe, as – unfortunately – terrorism has become a global threat.

Stat News - Psychiatry group tells members they can ignore ‘Goldwater rule’ and comment on Trump’s mental health

The American Psychoanalytic Association has sent an email to its members telling them not to feel bound by the Goldwater rule. I hope the geriatrists follow suit.

UK gov - Centre for Global Disaster Protection - 20 July 2017


(scroll down) With some info on the (recently launched) UK’s partnership with the World Bank and Germany for the Centre for Global Disaster Protection in London that will support the poorest countries to strengthen their disaster planning and get finances in place before disaster strikes so they can better manage the economic impact of emergencies and build their resilience.

Wonder whether there will be a Brexit-related arm.

IARAN Report - The future of aid INGOs in 2030

http://iaran.org/futureofaid/The_Future_Of_Aid_INGOs_In_2030-20.pdf

“"This report seeks to explore the drivers of change in the global environment in which the humanitarian ecosystem works, the causes of humanitarian need, and the potential evolution of the dynamics of the humanitarian ecosystem to 2030. The length of the outlook has been set to match the timeline for the delivery of the SDGs, to highlight the humanitarian ecosystem’s important role in contributing to the 17 agreed objectives. General objectives: • This report endeavors to provide a comprehensive and rigorous analysis of the potential evolutions of the humanitarian ecosystem and the global environment in which it operates by 2030 • This report has been commissioned as a thought piece to provoke discussion about the role of INGOs in a more inclusive humanitarian ecosystem • This report was commissioned to support INGOs in designing a resource strategy that would be fit for purpose in the long-term.”

Quartz - The ethical argument against philanthropy


With the views of Rob Reich, director of the Center for Ethics in Society at Stanford University.

Vox Development - Chinese investment in Africa

M McMillan; http://voxdev.org/topic/finance/chinese-investment-africa
Interesting analysis, based on new research. « Chinese investment in Africa, while less extensive than often assumed, has the potential to generate jobs and development on the continent.»

Daily Mail - Revealed: Despot Rwanda dictator labelled a 'visionary' by Tony Blair falsifies poverty numbers to get more foreign aid and 'even sent hitmen to Britain to take out rivals'


As you know, “elections” are coming up in Rwanda. And Tony Blair was of course, himself, a “visionary” 😊. Visionaries recognize one another.

Science – Why so much of the world is stuck in a ‘poverty trap’


Based on new research. “… for the first time, scientists have found a way to determine the root causes of this ‘poverty trap’: Disease, whether of humans, animals, or crops, tends to rob the world’s poorest people of their livelihood, keeping them destitute regardless of how hard they work or how much economic aid they get. But the study also suggests possible solutions. The work provides important insights and implications for future interventions, says Chris Desmond, an expert on social development at the Human Sciences Research Council in Dalbridge, South Africa, who was not involved in the research. “Policymakers need to look at the public health situation, the access to primary health care, the condition of biological pests in the environment,” he says. “They need to look at all those things before they can decide what type of intervention to do.”

“… models show that poor people who live in areas with limited human, animal, and crop disease might be able to lift themselves out of poverty either through their own means or with a bit of economic assistance, such as money to buy more crops and cattle. But in places of high disease and limited means of combating it, people could be stuck in poverty, no matter how much economic aid they receive, the team reports this month in Nature Ecology & Evolution....”

Stat News – Using CRISPR, scientists efficiently edit genome of viable human embryos


Lab news from the US. “In a step that some of the nation’s leading scientists have long warned against and that has never before been accomplished, biologists in Oregon have edited the DNA of viable human embryos efficiently and apparently with few mistakes, according to a report in Technology Review.”
**Research**

Social Science & Medicine – Academic advocacy in public health: Disciplinary ‘duty’ or political ‘propaganda’?


Recommended.

“The role of ‘advocacy’ within public health attracts considerable debate but is rarely the subject of empirical research. This paper reviews the available literature and presents data from qualitative research (interviews and focus groups conducted in the UK in 2011–2013) ... It seeks to address the following questions: (i) What is public health advocacy and how does it relate to research?; (ii) What role (if any) do professionals concerned with public health feel researchers ought to play in advocacy?; and (iii) For those researchers who do engage in advocacy, what are the risks and challenges and to what extent can these be managed/mitigated? In answering these questions, we argue that two deeply contrasting conceptualisations of ‘advocacy’ exist within public health, the most dominant of which (‘representational’) centres on strategies for ‘selling’ public health goals to decision-makers and the wider public. This contrasts with an alternative (less widely employed) conceptualisation of advocacy as ‘facilitational’. This approach focuses on working with communities whose voices are often unheard/ignored in policy to enable their views to contribute to debates. We argue that these divergent ways of thinking about advocacy speak to a more fundamental challenge regarding the role of the public in research, policy and practice and the activities that connect these various strands of public health research.”

Global Health Promotion – Empowerment: challenges in measurement


“Empowerment is core to health promotion; however, there is a lack of consensus in the wider literature as to how to define it and at what level it may occur. Definitional inconsistency inevitably leads to challenges in measuring empowerment; yet if it is as important as is claimed, this must be addressed. This paper discusses the complexities of measuring empowerment and puts forward a number of recommendations for researchers and policy makers as to how this can be achieved noting some of the tensions that may arise between theoretical considerations, research and practice. We argue that empowerment is a culturally and socially defined construct and that this should be taken into account in attempts to measure it. Finally we conclude that, in order to build up the evidence base for empowerment, there is a need for research clearly defining what it is and how it is being measured.”
Development in practice (Special Issue): Faith and health in development contexts

http://www.tandfonline.com/toc/cdip20/27/5?nav=tocList

Read the Guest Introduction - faith and health in development contexts (by C Benn) first.

Rev Saude Publica - “Exporting Failure”: Why Research from Rich Countries may not Benefit the Developing World

J Jaime Miranda et al; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2871307/

This short article zooms in on problems with RCTs, problems with systematic interviews etc. And concludes: « ...When approaching the evidence for a low and middle income perspective, researchers need to be aware of context where it comes from, particularly assessing whether the evidence is relevant to their own setting. A true evidence-based approach towards global international health requires that the research and academic community from low and middle income settings have a major say in the shaping of interventions that address their own needs.... »

Unravelling migrants’ health paradoxes: a transdisciplinary research agenda

M Roura; http://jech.bmj.com/content/early/2017/07/23/jech-2016-208439

« The Social Determinants of Health literature has consistently found that a higher socioeconomic status is associated with better health outcomes even after adjusting for traditional risk factors. However, research findings in the field of Migrants’ Health suggest that the socioeconomic/health gradient does not always behave as expected for migrants and their descendants. The mismatch of findings in these two long-standing parallel research traditions is exemplified by frequent reports of paradoxical findings in the scientific literature: the healthy migrant paradox, the ethnic density paradox and the diminishing returns paradox. This paper outlines a transdisciplinary research agenda to elucidate the social processes that underpin these disconcerting findings and calls for a shift from a pathogenic deficit model that sees migrants as a burden to their reconceptualisation as actively engaged citizens in search of solutions. Amidst a severe refugee crisis, fears of terrorist attacks and political capitalisation of these tragedies to foster antimigrant sentiments, this is urgently needed. »